

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							10/574882						
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51							
2	/					52							
3	/					53							
4	/					54							
5	/					55							
6	/					56							
7	2					57							
8	0					58							
9	0					59							
10	0					60							
11	0					61							
12	/					62							
13	/					63							
14	2					64							
15	2					65							
16	0					66							
17	0					67							
18	2					68							
19	0					69							
20	0					70							
21	0					71							
22	0					72							
23	0					73							
24	0					74							
25	/					75							
26						76							
27						77							
28						78							
29						79							
30						80							
31						81							
32						82							
33						83							
34						84							
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36						86							
37						87							
38						88							
39						89							
40						90							
41						91							
42						92							
43						93							
44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	2												
TOTAL DEP.	23												
TOTAL CLAIMS	29												